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Description for Attachment 3.1-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Description of Limitations

General Limitations

The following General Limitations and Exclusions apply to all services not just inpatient or outpatient services:

- a. Services rendered while the beneficiary is not covered.
- b. Services which result from illnesses or injuries not covered.
- c. Services resulting from automobile accidents which are covered by the Automobile Accident Compensation Fund (ACAA).
- d. Workman's compensation accidents covered by the "Fondo del Seguro del Estado".
- e. Services covered by any other insurer or party that has the primary responsibility (other party liability).
- f. Special nurses services for the convenience of the patient when it is not medically necessary.
- g. Hospitalization for services which can be rendered in an ambulatory setting.
- h. Admission of patients to hospitals for diagnostic purposes only.
- i. Expenses for services and/or materials for the comfort of the patient, such as telephone, television, admission kit, etc.
- j. Services rendered by second generation family members of patient (parents, offspring, siblings, grandparents, grandchildren, spouse, etc.).
- k. Organ transplants
- l. Laboratories for which processing is not available in Puerto Rico and that have to be sent outside of Puerto Rico for processing.
- m. Treatments with the purpose of controlling weight (obesity or weight increase) solely for esthetic purposes.
- n. Sports Medicine, musical therapy and natural medicine
- o. Tuboplasties, vasovasectomies and any other procedures or services for the purpose of returning the ability to procreate, are excluded:

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- p. Cosmetic surgery and treatment, solely to correct defects in the physical appearance, excluding also hospitalization, medical-surgical services and complications associated with this procedure, regardless of their medical justification.
- q. Services, diagnostic tests and/or treatments ordered and/or provided by naturopaths, naturists, iridologists and chiropractors
- r. Mammoplasty or plastic reconstruction of the breast solely for cosmetic purposes.
- s. Ambulatory setting use of fetal monitor.
- t. Services, treatment or hospitalizations which arise from an induced abortion (not therapeutic). The following are considered induced abortions:

<u>CODE</u>	<u>DESCRIPTION</u>
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and expulsion
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines);
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with dilation and curettage and/or evacuation.
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with hysterectomy (failed intra-amniotic injection).

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59855 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines.

59856 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with dilation and curettage and/or evacuation.

59857 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with hysterectomy (omitted medical expulsion).

- u. The Revetron drug.
- v. Services for epidural anesthesia.
- w. Somnography studies.
- x. Services which are not reasonable nor required according to the accepted standards of medical practice or services provided in excess of those normally required for the prevention, diagnosis, and treatment of a disease, injury or dysfunction of the organic system or pregnancy condition.
- y. Hemodialysis and/or peritoneal dialysis services are excluded from the Basic Coverage; but included in the Special Coverage.
- z. New and/or experimental procedures which have not been approved by the PRHIA for their inclusion as benefits in the basic and special coverage of the program.
- aa. Custodial, rest or convalescence services, in cases where the acute medical condition requiring in-patient care is under control or in irreversible terminal cases.
- bb. Expenses incurred in payments made by beneficiaries to participating providers that according to the terms of the program, the beneficiary was not supposed to pay.
- cc. Services ordered and/or rendered by non-participating providers, except in cases of emergencies/immediate need or previously authorized by the HCOs or MCO.
- dd. Neurological and cardiovascular surgery and related services are excluded from the Basic Coverage, but included in the Special Coverage.

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Description of Limitations

- ee. Services received outside of the territorial limits of the Commonwealth of Puerto Rico.
- ff. Expenses incurred for the treatment of conditions, resulting from procedures or benefits not covered under this program. Maintenance prescriptions and required laboratories for the continuity of a stable health condition, as well as any emergencies which could result after the referred procedures, are covered.
- gg. Travel expenses, even when ordered by the primary care physician or participating provider are excluded.
- hh. Eyeglasses, contact lenses and hearing aids are excluded.
- ii. Acupuncture services are excluded.
- jj. Rent or purchase of wheelchair or any other vehicle (motor and/or electric) or expenses for the repair or alteration of these vehicles.
- kk. Procedures with the purpose of changing the sex of the beneficiary.
- II. Treatment services for infertility and/or related to conception by artificial means.

1. Inpatient services are provided within coverage under Health Reform Plan with limitations:

Limitations to inpatient services:

- Bed in Semiprivate Room: Coverage will be available twenty four (24) hours per day, every day of the year.
- Isolation Room: For medical reasons
- Specialized Diagnostic / Treatment: Electrocardiograms, Electroencephalograms, arterial gases, and other specialized diagnostic and/or treatment testing, that are available in the hospital facilities and which are required to be performed while the patient is hospitalized.

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Description of Limitations

Limitations to inpatient services:

- Short Term Rehabilitation Services: To hospitalized patients, including physical, occupational, and speech therapy.
- Blood: Blood, plasma and their derivatives without limitations, to include irradiated and autologous blood; Monoclonal Factor IX per authorization of an certified hematologist; Antihemophyllic Factor with intermediate purity concentration (Factor VIII); Antihemophyllical Monoclonal Type Factor per authorization of a certified hematologist and Protrombin Activated Complex (Autoflex and Feiba) per authorization of a certified hematologist.

2a. Outpatient services are provided within coverage under Health Reform Plan.

2b. Rural health clinic and ambulatory services provided are those categorized benefits under the Basic and Special Coverage of Health Reform Plan.

2c. Federally Qualified services and other ambulatory services are those categorized benefits under the Basic and Special Coverage of Health Reform Plan.

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3. Other laboratory and x-ray services. Diagnostic blood tests and x-rays are covered, but the following special procedures and diagnostic tests are provided subject to benefits included under the plan's special coverage and medical necessity criteria:

1. Computerized tomography.
2. Magnetic Resonance Tests Imaging
3. Cardiac catheterization
4. Holter Tests
5. Doppler Tests
6. Stress Tests
7. Lithotripsy
8. Electromyography
9. Single Photon Emission Computerized – Tomography Test (SPECT)
10. Ocular Plethymography (OPG)
11. Impedance Plethymography
12. Other invasive and non invasive cardiovascular, cerebrovascular, and neurosurgical procedures
13. Nuclear Medicine tests
14. Endoscopies for diagnostic purposes
15. Genetic Studies.

4c. Family Planning Services

Counseling on Family Planning is a provided service under the Health Reform Plan. MCOs will assure that participating providers provide direct orientation to beneficiaries for accessing contraceptive methods for birth control purposes only, through the Department of Health of Puerto Rico.

No FFP is claimed.

5a. Physician services in the patient's home are provided based on medical necessity.

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- 5b. Medical and surgical services provided by dentist are limited to the coverage services description on item (10).
- 6a. Podiatrist services are provided as remedial and incidental care rendered for attending special conditions under the Health Reform Plan's special coverage.
- 6b. Optometrist services are limited to vision evaluations and exams.
- 6d. Most types of practitioners are included, except for: alternative and sport medicine practitioners, iridologist, naturopaths, chiropractors, cosmetic plastic surgeons.
7. Home Health Services
- No FFP is claimed for Home Health Services.

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9. Clinic services are provided according and within to the coverage under Basic and Special coverage which includes comprehensive services of the plan such as : outpatient hospital services, laboratories and x- rays, EPSDT, family planning counseling services and physician services other preventive services, maternity services.

10. Dental Services

1. One (1) Initial comprehensive oral examination
2. One (1) Periodic oral examination every six (6) months
3. Limited oral examination-defined problem
4. One (1) Intraoral complete series, including bitewings, every three (3) years
5. One (1) Intraoral periapical first film
6. Intraoral-periapical-each additional film, per year up to five (5) times
7. One (1) Bitewing, single film
8. One (1) Bitewings-two films, per year
9. One (1) Panoramic film, every three (3) years
10. One (1) Prophylaxis-adult, every six (6) months
11. One (1) Prophylaxis-child, every six (6) months
12. One (1) Topical application of fluoride, every six (6) months for beneficiaries under 19 years of age
13. Fissure sealants for beneficiaries up to 14 years of age inclusive, per lifetime, per teeth (01351). Deciduous molars are included for beneficiaries up to 8 years of age when clinically necessary.
14. Amalgam Restorations
15. Resin Restorations
16. Root Canal Therapy
17. Oral Surgery
18. Palliative Treatment

General anesthesia for dental treatment in cases of children with special condition:

1. General anesthesia for the first (30) minutes
2. General anesthesia for each (15) additional minutes

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Description of Limitation

- 11.a. Physical therapy limited to a maximum of 15 treatments per condition per year. Coverage of Fifteen (15) additional treatments per condition per year when ordered by a Physiatrist or Orthopedist with prior authorization.
- 12.a. Prescribed drugs

The PRHIA maintains a drug Formulary as the official formulary of drugs provided by the Health Reform Plan coverage, which contains most of the vast majority of therapeutic alternatives categories available. A preferred drug list (PDL) is also maintained as a cost-effective utilization tool in rendering prescription benefits under the Health Reform Plan. The MCOs, MBHOs and Direct Providers that are contracted agree to conduct the pharmacy billing and claims through the PRHIA's contracted Pharmacy benefits manager. Under exceptional circumstances, a drug not included in the Formulary could be covered only through exceptional circumstances and procedure set forth below.

Limitations and conditions of the prescription services

- a. Contraceptives drugs are covered only for the treatment of menstrual dysfunction or for conditions not related to birth control under the Health Reform Plan. For birth control purposes, the contraceptives are provided by the Department of Health of Puerto Rico.
- b. Drugs required for the ambulatory or hospitalized treatment of diagnosed beneficiaries with AIDS or with an HIV positive factor are covered under the special coverage to include only antiretrovirals but excluding **Protease inhibitors**. The Protease inhibitors are not covered benefits financed under the Health Reform Plan, they are provided to Medicaid beneficiaries through coordination with the Regional Immunological Clinics of the Commonwealth Health Department's PASET Division.
- c. Immunosuppressant drugs for all transplant patients are covered only to the extent of maintenance treatment post-surgery to ensure the continuity of health stability of the beneficiary, as well as emergencies that may result after surgery (as transplants are not covered).
- d. New drugs for future inclusion are evaluated through an active process for revising on a continuous basis and evaluate the future inclusion of new medicines or the removal of medicines from the formulary. Considering the dynamic nature of this process, the PRHIA requires the inclusion or exclusion of medicines as changes and advances affect the standard practice for the treatment of conditions or developments of standard practices for the treatment of a condition or particular treatments.

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Description of Limitations

- e. No MCO, HCO, MBHO or providers can establish a different formulary from the one included in this addendum nor limit in any way the drugs and medications included in the formulary.
- f. In the event a beneficiary needs a drug or medicine that is not included in the formulary, the MCO, MBHO and providers will follow the usual pre-authorization procedure, to obtain drugs not included in the formulary. The provider shall have to obtain the MCO's prior approval considering and documenting the particular merits of each case, which could include among others the following criteria:
 - 1. A contraindication of drug that appears in the formulary.
 - 2. Adverse reaction history to the drug that appears in the formulary.
 - 3. Therapeutic failure to all available alternatives in the formulary.
 - 4. Non-existence of alternative therapy in the formulary.
- g. For acute conditions, the amount of medication to be dispensed shall be limited to the needed therapy, but never for more than fifteen (15) days. When medically necessary, additional prescriptions are covered.
- h. For chronic conditions (maintenance), the amount of the medication to be dispensed will be limited to a maximum of thirty (30) days. By prescribing physician recommendation, each prescription may be repeated up to six (6) times. When medically necessary, additional prescriptions are covered.
- i. The indications on prescriptions issued for treatment of children with Special Health Care Needs will indicate clearly the (30) day coverage therapy and that it can be repeated up to six (6) times. When medically necessary additional prescriptions will be covered.
- j. The use of bioequivalent medications and drugs approved by the FDA and local regulations is authorized, unless contraindicated for the beneficiary by the physician or dentist who prescribed the medication.
- k. The absence of bioequivalent medications in stock does not exonerate the Pharmacist from dispensing the medication nor does it entail the payment of additional surcharges by beneficiaries. Brand name drugs will be dispensed if the bioequivalent is not available at the pharmacy.
- l. All prescriptions shall be filled and dispensed at a participating pharmacy properly licensed under the laws of Puerto Rico freely chosen by the beneficiary.
- m. All prescriptions shall be dispensed contemporaneously with the date and hour that the beneficiary receives the prescription and requests that it be dispensed.

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Description of Limitations

12c. Prosthetic devices

Those including all of the extremities of the body, the ocular therapeutic prosthesis and the segmentary instrumentation system trays for scoliosis surgery and fusion.

13.a. Diagnostic Services

General clinical laboratories, x-rays, radiotherapy, pathology, pulmonary function and electroencephalograms if necessary for treatment and convalescent care are not subject to pre-authorizations by the PCP or HCO. For the special coverage diagnostic services described in item 3 above they are subject to necessity criteria and pre-authorization.

13.b. Screening services

Gynecological and Prostate Cancer screening according to accepted medical practice, including Papanicolaou tests, mammographies, and P.S.A. as may be medically necessary and according to the age of the beneficiary. Accordingly to Puerto Rico's Health Policies the age of (40) years have been established as the initial date to commence cancer screening by mammography.

Sigmoidoscopy for adults ages 50 and over with risk of colon cancer according to accepted medical practice

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13c. Preventive services

A comprehensive annual health evaluation for each beneficiary, to be performed by qualified health professional including eye tests, hearing tests, and nutritional screening and evaluation, laboratories and all other exams and diagnostic tests, immunizations commensurate with age, gender, and physical condition of the beneficiary. This annual evaluation complements the services for children and adolescents to be provided accordingly with the periodicity schedules published by the American Academy of pediatrics and EPSDT under Title XIX of the Medicaid program.

Well Baby Care during the first two (2) years of life of a child.

All immunizations for children to age 21 and those necessary according to age, gender, and health condition of the beneficiary, including but not limited to influenza and pneumonia vaccines for beneficiaries over 65 years and/or vaccines for children and adults with high risk conditions such as pulmonary, renal, diabetes, and heart disease, among others. Immunizations will be supplied by the Department of Health and will be administered by MCOs and other participating health care providers without any charge or deductibles.

Education and Counseling in physical health, oral health and nutrition.

Annual physical medical evaluation and follow-up for diabetic diagnosed patients according to the protocols and health care guidelines for the care of this condition established by the Department of Health.

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Description of Limitation

13d. Rehabilitative services

Physical therapy limited to a maximum of 15 treatments per condition per year. Coverage of Fifteen (15) additional treatments per condition per year when ordered by a Physiatriist or Orthopedist with prior authorization from the MCO.

19. Ambulatory treatment, hospitalization and other TB related services and case management are covered under the Special Coverage

- ++ 20. The extended services for pregnant women besides covering all pre-natal, delivery and post-partum care services, include all medical and obstetrical nursing services during the delivery, be it natural childbirth, cesarean section or any other complication; hospitalization beyond minimum stay terms in cases of maternity, high risk or secondary conditions to the pregnancy by medical recommendation.

The minimum stay term for hospitalization for both mother and newborn will not be limited to less than 48 hours for normal vaginal delivery without complications and in the case of childbirth following cesarean section, the stay may not be limited to less than 96 hours for both mother and child.

24.a. Transportation

Limited to ambulance services in emergency cases, ground, maritime and aerial ambulance services are covered within the territorial limits of Puerto Rico. No pre-authorization or pre-certification will be required in order to access these services. In general, the service shall be accessed either by beneficiary calling 911 or calling the local ambulance provider contracted and as instructed by the HCO and the MCO in the area. For non emergency transportation the Commonwealth follows the methods described in attachment 3.1D of this plan.

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